



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
CLIENT MOVEMENT REPORT

CLIENT NAME	DMH ID NO. <input type="checkbox"/> NCM <input type="checkbox"/> NGRI <input type="checkbox"/> Voucher
RESIDENTIAL PROVIDER	COMMUNITY PROVIDER

☐ Hospital admission Date: _____ Hospital name: _____
☐ Medical ☐ Psychiatric ☐ Other, specify under "Additional information" below.

☐ Other out of facility event Date: _____ To: _____

☐ Hospital discharge Date: _____ Returned to: _____ (see next line for transfers)

☐ Transfer to new community provider Effective date: _____ New provider _____
Confirmation of acceptance by new community provider _____
Authorized Signature _____
New CS worker/case manager _____ Phone _____ Emergency # _____

☐ Administrative transfer Effective date: _____ To: _____

☐ Apartment change Effective date: _____ New apartment address _____
Send new leases and landlord address changes to SCL or other office which handles the voucher program.

☐ Close contract to residential facility (*inactive*) with continued follow-up by community provider, hold open to SCL
Effective date: _____ Temporary living arrangements _____
(limited to 90 days)

☐ Close to SCL Effective date: _____ Indicate forwarding address below.
☐ with continued follow-up by service provider (Explain or attach plan to meet ongoing housing and funding needs)
☐ discharge from service provider (Forward discharge summary when available.)

☐ Death Date: _____
Notification: ☐ Family ☐ Guardian ☐ Coroner ☐ Incident/Investigation Report (required for all deaths)

ADDITIONAL INFORMATION	

CSW/CASE MANAGER	DATE	COMMUNITY PROVIDER SUPERVISOR	DATE
SCL CASE MONITOR	DATE	SCL SUPERVISOR	DATE

Client Movement Report Instructions

- SCL regional monitoring: SCL maintains only financial files for SCL clients and tracks financial information, psychiatric and medical admissions and other client out of facility events. There is no need to report ongoing clinical information to the SCL office, except in the categories on the reverse. SCL continues to monitor placement facilities and SCL staff are available for consultation concerning client or facility concerns.
- DMH Id No. Check “NCM” (*non compos mentis*) if the client has a court ordered guardian.
- Out of facility events: These are movements which do not change a client’s residence, such as a transfer between hospitals, going to jail, visiting a friend or relative, or taking a vacation.
- Hospital discharge: Clients usually return to the same residential facility they were living at prior to the hospitalization. If a client goes to a different residential provide after discharge from the hospital, complete both the “hospital discharge” and “transfer between residential facilities” portions of the form.
- Transfer to new community provider: Notify SCL of transfers between community providers with a confirmation signature by the receiving community provider. SCL will send a letter of confirmation to the client and facility. Community support or case management follow-up must continue with the transferring community provider until the receiving community provider starts service.
- Administrative transfer: These are transfers to a different SCL region, which must be coordinated by the home SCL regional office and the proposed SCL regional office.
- Inactive status: Inactive status allows clients to remain open to SCL and discontinue payment to the residential facility. It is an opportunity for locating new housing, a care facility or reintegrating a client who has left her/his housing and has not been cooperating with treatment and follow-up. Inactive status is limited to 90 days in which time the SCL case monitor is to receive a Client Movement form returning the client to her/his previous facility, transferring to another SCL facility, or closing the client to SCL.
- Close to SCL: Identify the closing date and provide a description of the circumstances leading to the closing and plans for continued or alternate care, housing and financial needs. Complete discharge documentation according to your agency’s protocol.